

REMARKS**OVERVIEW**

Claims 35, 36 and 68-83 are pending in this application. Claims 35, 36 and 78 are amended. The present response is an earnest effort to place the application in proper form for immediate allowance. Reconsideration and passage to issuance is respectfully requested.

ISSUES UNDER 35 U.S.C. § 103

Claims 35, 36, and 71-83 have been rejected under 35 U.S.C. § 102(e) as anticipated by or, in the alternative, under 35 U.S.C. § 103(a) as being obvious over U. S. Patent No. 6,347,329 to Evans, U. S. Patent No. 6,338,039 to Lonski et al, or U. S. Patent No. 6,393,404 to Walters et al.

In making these rejections, the Examiner stated that "Applicant's thrust of the invention appears to be the usage of two or more computers instead of one with respect to collection of information and billing" (Office Action, page 4, first paragraph). This is incorrect. Applicant's invention is a code driven system that collects health care information in an efficient and well orchestrated manner in order to support billing operations. Although the references cited by the Examiner can include collection of diagnosis codes and patient procedure codes, these codes are not collected in a manner that streamlines the billing process and reduces time spent at the point of care.

Claim 35 has been amended to provide additional language that the diagnosis code selected "supports the selection of the patient procedure code." None of the cited references disclose this limitation. The support for this amendment is found in the specification as originally filed, including at Figure 13, and on page 21 lines 17-19 stating "upon selecting the appropriate procedure code, the care provider is directed to the diagnosis screen 106 as shown in

Figure 13." Thus, the patient procedure code is selected prior to the diagnosis code which is counter intuitive to the health care providing process as diagnoses are made before procedures are performed. In the present invention however, the patient procedure code is selected first. Thus, the present invention is not merely related to receiving and storing diagnosis codes and procedure codes, but rather doing so in a manner that is counter intuitive to health care providing even though the coding is performed by a care provider at the point of care.

Similarly, claim 36 has been modified to include the language of "the at least one diagnosis code supporting one of at least one procedure code" and claim 78 has been amended to provide the diagnosis code is "associated with the selection of the patient procedure code."

Therefore, it is respectfully submitted that references cited by the Examiner do not provide for code driven billing software in the sense of the Applicant's claimed invention. Therefore, these rejections should be withdrawn on that basis.

CONCLUSIONS

Therefore, the Applicant respectfully submits that all pending claims are in proper form for immediate allowance. Reconsideration is respectfully requested.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application for three month from February 28, 2003 to May 28, 2003. Please charge Deposit Account No. 26-0084 for \$465.00 for three months to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to Deposit Account 26-0084.

Respectfully submitted,

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